

## Weekly Employee Survey Form

*Please read attached instructions before completing the survey*

### Employee Information

Name: \_\_\_\_\_

Employee I.D.#: \_\_\_\_\_ Dept./Section: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_ Home Zip Code: \_\_\_\_\_ Miles to Worksite (one way): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mode	Scheduled Report Time	Mon	Tue	Wed	Th	Fri	(circle am or pm as applicable)
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
A. Drive Alone							
B. Motorcycle							
C. 2 persons in vehicle							
D. 3 persons in vehicle							
E. 4 persons in vehicle							
F. 5 persons in vehicle							
G. 6 persons in vehicle							
H. 7 persons in vehicle							
I. 8 persons in vehicle							
J. 9 persons in vehicle							
K. 10 persons in vehicle							
L. 11 persons in vehicle							
M. 12 persons in vehicle							
N. 13 persons in vehicle							
O. 14 persons in vehicle							
P. 15 persons in vehicle							
Q. Bus							
R. Rail/plane							
S. Walk							
T. Bicycle							
U. Electric vehicle (or other Zero Emission veh.)							
V. Telecommute (reduction of more than 50% of trip)							
W. Noncommuting							

### Compressed Work Week Day(s) Off

X. 3/36 work week days off (2 days)					
Y. 4/40 work week day off (1 day)					
Z. 9/80 work week day off (1 day)					

### Other Days Off

AA. Vacation					
BB. Sick					
CC. Other					

You should have only 5 (five) check marks for the entire survey week.